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techniques and technologies in the field.

Submission to *Radiology* is free. All manuscripts and letters must be submitted online through the *Radiology* submission and peer-review website hosted by ScholarOne at <https://mc.manuscriptcentral.com/rad>.

Radiology uses a double-anonymized peer-review process. The instructions for *Radiology* submissions are in accord with the "Uniform Requirements for Manuscripts Submitted to Biomedical Journals" of the International Committee of Medical Journal Editors (<https://www.icmje.org>).

What's New?

May 2025

- The **transfer section** was updated to indicate that authors have the choice to edit their manuscript before submission at the second journal if they wish.

February 2025

- Added a "**Top 10 Tips for Writing about AI**" section.

Manuscript Types

Overview

Radiology publishes the following manuscript types:

- **Original Research**
- **Technical Developments**
- **Review articles**
- ***Radiology* in Focus**
- **Editorials**
- ***Radiology* Diagnosis Please®**
- **Research Letters**
- **Letters to the Editor and Replies**
- **Images in *Radiology***
- **Statements/Guidelines**
- **How I Do It**
- **Best Practice**
- ***Radiology* Scientific Expert Panel**
- **Special Reports**
- ***Radiology* In Training: Perspective**
- ***Radiology* In Training: Research in Practice**

Editorials are by invitation only. Research articles in which the first author is a trainee, i.e. resident or fellow in diagnostic radiology, nuclear medicine or radiation oncology, will be promoted via *Radiology* In Training as well as the *Radiology* journal itself. Thus, the trainee status of the first author should be stated in the Cover Letter.

Original Research

These articles provide new knowledge based on original research. Meta-analyses are also acceptable/encouraged in this category. Studies should be hypothesis-driven and have well-described methods that can effectively answer the question addressed. These articles require appropriate statistical analyses. If your clinical trial has an assigned number, please provide. Possible registries include [ClinicalTrials.gov](https://clinicaltrials.gov) or [WHO International Clinical Trials Registry Platform \(ICTRP\)](https://www.who.int/clinical-trials-registry-platform).

- Word count: no more than 3000 words (Introduction to Discussion)
- Abstract: Structured and no more than 300 words
- Reference Limit: 35 (limit may be extended for meta-analyses)
- Figure Limit (images, charts, or graphs): 6
- Table Limit: 4
- Key Results: Include up to 3 main results/conclusions from your study (maximum: 75 words) including summary data. Do NOT repeat your summary statement. Key Results will translate directly to visual abstracts. Please avoid using vague language and abbreviations in the Key Results. Obvious abbreviations like CT and MRI are fine.
- Required Summary Statement: 1 sentence summarizing the important findings of your manuscript (maximum: 30 words).
- Demographics Table: For manuscripts with human study participants, include a table of participant demographics/characteristics. This should be Table 1 of your paper. Otherwise, the reader does not know who is being studied in the research. Minimum information should include number and sex of participants, mean age \pm standard deviation (SD) or median age and interquartile range (IQR) and key clinical characteristics.
- Flow Diagram: Include a diagram (figure 1 of your paper) showing initial number of participants and those excluded for any reason. Document the number excluded for each reason.
- Applicable **checklist**: Required as appropriate for studies involving human patients.
- If race and ethnicity categories were collected, include the source of the classifications used (eg, self-report or selection, investigator observed, database, electronic health record, survey) and why assessed (e.g. if required by a funding agency).
In the results section, report specific participant race and ethnicity categories instead of collective terms like "other." Categories should be listed in alphabetical order in text and tables. For tables, a footnote defining the categories of "other" would be sufficient.
For additional information, see "[Updated Guidance on Reporting Race and Ethnicity in Medical and Science Journals](#)."

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Technical Developments

Technical developments provide a brief description and results of new imaging techniques, procedures, or equipment. These are typically exploratory feasibility studies. These articles require appropriate statistical analyses. The Introduction and Discussion are more limited than in Original

- Word count: no more than 2000 words (Introduction to Discussion)
- Abstract: Structured and no more than 300 words
- Reference Limit: 25
- Figure Limit (individual images, charts, or graphs): 6
- Table Limit: 2
- Key Results: Include up to 3 main results/conclusions from your study (maximum: 75 words) including summary data. Do NOT repeat your summary statement. Key Results will translate directly to visual abstracts. Please avoid using vague language and abbreviations in the Key Results. Obvious abbreviations like CT and MRI are fine.
- Required Summary Statement: 1 sentence summarizing the important findings of your manuscript (maximum: 30 words).
- Applicable **checklist**: Required as appropriate for studies involving human patients.

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Review Articles

Proposals for both state-of-the-art reviews and review topics of the month should first be emailed to the editorial office at radiology@rsna.org to determine if the editor is interested in considering your review for publication. The majority of reviews are solicited by the editors; however, proposals may be considered. An outline or an extended abstract of the review topic should be included to help explain the proposal.

These articles are written by experts in the field. Review articles should be focused, comprehensive, in-depth reviews of the available scientific information on a topic of interest. No new research information is described in these reviews. Reviews should be written at the level of the general radiologist, rather than the specialist. They should be balanced and authoritative and serve as the definitive reference on the topic discussed. All review articles undergo peer review.

- Word count: no more than 4500 words (Introduction to Conclusion)
- Abstract: Unstructured and no more than 200 words
- Reference Limit: 100
- Figure Limit (images, charts, or graphs): 12
- Table Limit: 4
- Include three to five bullet points of information (brief, single sentence each) labeled "Essentials" that emphasize your manuscript's essential points or messages. Include the page number where the information can be found.
- Required Summary Statement: The summary statement is a single sentence summarizing the important findings of your manuscript.
- Upon submission of an editor-approved review manuscript, the authors must submit an ICMJE COI form.

Note: Systematic reviews and meta-analyses must be submitted as an original research article. Do NOT submit as a review article.

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Radiology in Focus is a focused review article typically directed at the practicing physician. Proposals for *Radiology in Focus* should be emailed to the editorial office at radiology@rsna.org to determine if the editor is interested in considering your review for publication. An outline or an extended abstract of the review topic should be included to help explain the proposal.

These articles are written by experts in the field. ***Radiology in Focus*** articles should be topical and directed towards the general radiologist/ imaging physician (not the specialist). An up-to-date review of the literature on the topic of interest should be presented that succinctly summarizes knowledge in the field. All review articles undergo peer review.

- Word count: no more than 3000 words (Introduction to Conclusion)
- Abstract: Unstructured and no more than 200 words
- Reference Limit: 60
- Figure Limit (images, charts, or graphs): 6
- Table Limit: 3
- Include three to five bullet points of information (brief, single sentence each) labeled "Essentials" that emphasize your manuscript's essential points or messages. Include the page number where the information can be found.
- Required Summary Statement: The summary statement is a single sentence summarizing the important findings of your manuscript.
- Upon submission of an editor-approved review manuscript, the authors will be required to submit an ICMJE conflict of interest form.

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Editorials

A. Targeted Editorials

Targeted Editorials are invited by the *Radiology* Editorial Office. These Editorials reflect the opinion of the author, who is an expert in the field. The purpose of these Editorials is to succinctly explain the importance of an Original Research report in the context of other work in the field. Editorials should be written so that a radiologist with general knowledge (rather than a subspecialist) will understand the topics being discussed. The first author must be the senior author who was invited by the Editorial Office. An additional author (2nd author) is permissible but only with approval of the Editorial Office.

Note: It is very important that editorials be written at the level of the general radiologist, rather than for the subspecialist.

- Word count: 1200-1500 words
- Abstract: None
- Reference Limit: 5-10 (maximum)
- Figure Limit (individual images, charts, or graphs): typically, no figures. In unusual circumstances, a single original figure or diagram may be acceptable.
- Number of tables: typically, no tables. In unusual circumstances, a single brief table may be acceptable.
- Author biography: 60-70 words (maximum)
- Author photo uploaded separately (minimum width of 1.5" at 300 dpi)

Authors of Targeted Editorials are asked to include with their submission a brief author biography (60-70 words maximum). The biography should include institutional affiliation and any relevant information such as past and present positions, research interests, awards, etc. A photo of the author should be included. The biography can be added to the end of paper, in a section heading "Author biography". See example below.

Dr. Editorialwriter is a Professor in the abdominal imaging section in the Department of Radiology at the City University Medical Center. Her research interests focus on optimizing abdominal MRI and performing advanced MRI techniques at 3T and 7T. Dr. XX is a fellow of the ISMRM, serves on NIH study sections, and is principle investigator for two NIH grants.

@DrEditorialwriter (provide twitter handle if available)

doctor.editorialwriter@hospitalu.org (provide email if available)

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B. Editorial Opinions

These articles reflect the opinion of the author(s) and not necessarily that of the journal. These editorials are by Editor invitation only. Editorial Opinions are written on a topic of general interest to the field, rather than targeted towards a single research article.

- Word count: no more than 2000 words
- Abstract: None
- Reference Limit: 35
- Figure Limit (individual images, charts, or graphs): typically, no figures
- Table Limit: 2

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Radiology Diagnosis Please®

These submissions are for the monthly feature of cases that are the basis of the annual *Radiology Diagnosis Please®* competition. Each case is presented as an "unknown" and is published in two parts. Part 1 has only the patient history and images with brief legends. Part 2 includes the diagnosis, discussion of the diagnosis, and the major considerations in differential diagnosis. Cases published in this section are to be challenging, and one should be able to make the most likely diagnosis on the basis of the imaging findings and the history, which is all that will be available to the reader when the case is presented.

If you are interested in submitting a *Radiology Diagnosis Please®* case, you must first complete the proposal below and email it to radiology@rsna.org.

Proposal

1. What is the final diagnosis in the case?
2. Why is the case challenging?
3. Why should one make the most likely diagnosis based on the history and the imaging findings?
4. What is the differential diagnosis?
5. Are you able to say the other differential diagnostic considerations are less likely, based on what the reader will read and see (the history and the images)? Also, are you able to support your reasons with information from the published literature? If so, please provide up to three relevant references.
6. By what date would you be able to submit this case?
7. Please provide the corresponding author's name, institution, and address.

Assembly of Part 1

This represents the material that is initially published. It consists of the history and four to six images labeled only with image type (for example, posteroanterior chest radiograph, contrast-enhanced CT scan of the abdomen, conventional radiograph of the ankle, MR image of the elbow [with pulse sequence information]) but not with a description of the findings. With the history and images, the reader is to conclude what is the most likely diagnosis.

Assembly of Part 2

The text of this part is composed of several sections.

- **History:** This is the same history as in part 1.
- **Imaging Findings:** Give a narrative description of the imaging findings (the figure legends alone do not suffice for this section), with figures cited in the text.
- **Discussion:** Provide a description of how the imaging findings, when coupled with the history, result in the most likely diagnosis. If a differential diagnosis is to be considered, each differential item should be excluded on the basis of the nuances of imaging findings or the historical information. Give a brief summary of the entity illustrated by this case, and indicate the proof of the most likely diagnosis.
- **References:** Provide the salient references.
- **Figures:** The same illustrations as in part 1 should be provided, but they should display labels identifying the salient features that are described in the figure legends that you also provide for these illustrations. If you wish to provide additional important illustrations (two or three) to support your discussion, you may do so.

Submission

If approved, submit part 1 and part 2 as two separate manuscripts. Part 1 will be published in a given month to allow our readers to submit the most likely diagnosis. Part 2, published 4 months later, gives and discusses the actual diagnosis. At the end of part 2, we also list the names of those who submitted the correct most likely diagnosis.

- Word count: no more than 1500 words
- Abstract: None
- Reference Limit: 10 (no references for Part 1)
- Figure Limit (individual images, charts, or graphs): 6
- Table Limit: 0

Research Letters

Research letters are original research articles presented as concise, focused reports. These should not exceed 600 words of text and 6 references and may include up to 2 tables or figures. Online supplementary material is not allowed. Research Letters may have no more than 7 authors. The full title page should include the full name, academic degrees, and a single institutional affiliation for each author and the email address for the corresponding author. Other persons who have contributed to the study may be indicated in an Acknowledgment, with their permission, including their academic degrees, affiliation, contribution to the study, and an indication if compensation was received for their role.

Letters must not duplicate other material published or submitted for publication. Research Letters will be peer reviewed similar to original research articles.

In general, Research Letters should be divided into the following sections: Introduction, Materials and Methods, Results, and Discussion. They should not include an abstract, but otherwise should follow all of the guidelines in Manuscript Preparation and Submission Requirements. As for other manuscripts, Methods must state if the study is prospective or retrospective, IRB approval and HIPPA compliance (United States), and statistical methods. Letters not meeting these specifications are generally not considered.

Word count: no more than 600 words (Introduction to Discussion)

- Abstract: no abstract
- Reference Limit: 6
- 2 Tables and/ or Figures
- Key Results: no separate Key Results section
- Summary Statement: 1 sentence summarizing the important findings of your manuscript (maximum: 30 words).
- Applicable **checklist**: Required as appropriate for studies involving human patients.

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Letters to the Editor and Replies

These letters offer constructive comments or questions regarding published articles in *Radiology* and must be received within 4 weeks from the article's online publication date. The authors of the letters should refer to the article under discussion. Letters to the Editor suitable for publication will be sent to the authors of the published article for their response. The journal article authors are made aware of the identity of the authors of the letters. All letters and replies will be reviewed by the Editor prior to publication.

- Word count: no more than 350 words
- Abstract: None
- Reference Limit: 5
- Figure Limit (individual images, charts, or graphs): 0
- Table Limit: 0
- Figures and tables may not be included as part of these submissions.
- All published letters must be signed, with appropriate contact information included.

Images in *Radiology*

Images in *Radiology* are state-of-the-art images covering a range of both common and uncommon radiologic conditions. The imaging findings are compelling, visually appealing, and demonstrative. Images in *Radiology* captures the excitement of state-of-the-art imaging and discovery in our discipline. Images are of interest to a broad range of the readership. Images in *Radiology* are not intended to be case reports.

Original, high-quality images are considered for publication provided they do not contain material that has been submitted or published elsewhere. To submit an image for publication in *Radiology*, please follow the submission instructions below.

Submission

- Title: no more than 8 words
- Authors: no more than 2 authors
- Figure Limit: 1-2 maximum
- Word count for the main body: no more than 150 words
- References: Minimum of 1, maximum of 3
- A teaching point that makes clear the clinical importance of the submission
- Main body and legend text should be in one double-spaced Word document
- Figures must be submitted in separate TIF, EPS, AI, or PSD files with 300 dpi
- Include a [Full Title Page](#)

Please provide the name, highest academic degree, address, e-mail address, telephone number, and fax number of each author in the Full Title Page.

For information regarding digital images and video submissions, please review our [Figure](#) guidelines. Figures should be uploaded as TIF, EPS, AI, or PSD files with 300 dpi.

The main text should succinctly present relevant clinical information, including a short description of the patient's history, relevant physical and laboratory findings, clinical course, response to treatment (if any), and condition at last follow-up. Summarize the main imaging findings and reference the figure(s), with callouts corresponding to each panel, if there is more than one. In the figure legend, describe and explain all labeled structures in the image.

Any information that might identify the patient or hospital, including the date, should be removed from the image.

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Statements/Guidelines

Radiology encourages the submission of Statements/Guidelines from authoritative, recognized medical groups or societies. These submissions include scientific statements and medical guidelines on various topics relevant to radiologic imaging and intervention. Statements/Guidelines must be supported by published scientific studies and/or acknowledged expert panels. These also commonly include a review of data available on a specific subject, an evaluation on its relationship to the field of radiology, and a position based on that evaluation. The word count is flexible, but recommend to be

- Abstract: Unstructured and no more than 200 words
- Reference Limit: varies, must be appropriate to the guideline
- Figures (images, charts, or graphs): figures are encouraged
- Table Limit: tables are encouraged.
- Three to five bullet points labeled as “Key Results” are encouraged; these are used for visual abstracts.
- Summary Statement: Please include a statement that summarizes your main recommendations in a single sentence.
- Upon submission of an editor-approved review manuscript, the authors must submit an ICMJE COI form.

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How I Do It

The “How I Do It” article focuses on an approach to a procedure or an important clinical problem. Authors with substantial experience in a given area should prepare these articles. The aim is to share that experience with readers. Explain how to perform a given examination or evaluate a certain disease process or clinical problem. These articles should review the available information and describe the authors’ approach. Include details on technique and analysis. A discussion of pitfalls and helpful hints is useful.

“How I Do It” articles should be written at the level of the general radiologist, not the specialist. They should be balanced and authoritative. These articles serve as the definitive reference on the topic discussed.

Below are further instructions for Radiology *How I Do It* articles:

- For the title of the article, add “How I Do It” to the beginning or the end of the title.
- Word count: no more than 3000 words (Introduction to Conclusion)
- Abstract: Unstructured and no more than 200 words
- Reference Limit: 60
- Figure Limit (images, charts, or graphs): 10
- Table Limit: 3
- Include three to five bullet points of information (brief, single sentence each) labeled “Essentials” that emphasize your manuscript’s essential points or messages. Include the page number where the information can be found.
- Required Summary Statement: The summary statement is a single sentence summarizing the important findings of your manuscript.
- Upon submission of an editor-approved review manuscript, the authors will be required to submit an ICMJE conflict of interest form.

All articles undergo peer review.

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Best Practice

manuscripts are by invitation only from the Editorial Board. The topics should be relevant to clinical practice and the authors should represent experts in the field, including multidisciplinary representation and/or societal endorsement when appropriate. While formal systematic review of literature and consensus process are not required, authors should provide some description in the manuscript of how they assessed the extent and strength of the literature and provide justification for the expertise of the author panel.

Manuscripts should include imaging examples and/or schematics for each clinical controversy and/or challenge.

Proposals for *Radiology* **Best Practice** should be emailed to the editorial office at radiology@rsna.org to determine if the editor is interested in considering your review for publication.

- For the title of the article, add “Best Practice” to the beginning or the end of the title.
- Word count: no more than 3000 words
- Abstract: Unstructured and no more than 200 words
- Reference Limit: 60
- Figure Limit (images, charts, or graphs): 6
- Table Limit: 3
- Include three to five bullet points of information (brief, single sentence each) labeled “Essentials” that emphasize your manuscript’s essential points or messages. Include the page number where the information can be found.
- Required Summary Statement: The summary statement is a single sentence summarizing the important findings of your manuscript
- Upon submission of an editor-approved review manuscript, the authors will be required to submit an ICMJE conflict of interest form.

All articles undergo peer review.

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Radiology Scientific Expert Panel manuscripts

Scientific Expert Panel manuscripts are only by invitation from the Editor. These manuscripts address scientific/ clinical issues of topical importance to the field. The topics are determined by the RADIOLOGY editorial board. The topics are those that are otherwise not addressed by societal statements or guidelines. All manuscripts undergo peer review.

Scientific Expert Panel conclusions must be supported by published scientific studies and typically include a review of data available on a specific subject, an evaluation on its relationship to the field of radiology, and offer a position based on that evaluation.

- Word count: no more than 4500 words (Introduction to Discussion)
- Abstract: Unstructured and no more than 300 words
- Reference Limit: 35 (limit may be extended for meta-analyses)
- Figure Limit (images, charts, or graphs): 6
- Table Limit: 4

repeat your summary statement. Essentials will translate directly to visual abstracts. Please avoid using vague language and abbreviations in the Essentials. Obvious abbreviations like CT and MRI are fine.

- Required Summary Statement: 1 sentence summarizing the important findings of your manuscript (maximum: 30 words)

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Special Reports

Special reports are timely documents that address topical issues regarding patient management or technical issues in radiology, nuclear medicine or imaging sciences. Special reports may be submitted by a recognized/organized panel of experts (e.g. QIBA committee, FDA, etc). Special reports are peer-reviewed.

- Word count: no more than 3000 words (Introduction to Discussion)
- Abstract: Unstructured and no more than 300 words
- Reference Limit: 35 (limit may be extended for meta-analyses)
- Figure Limit (images, charts, or graphs): 6
- Table Limit: 4
- Essentials: Include up to 3 main bullet points of information (brief, single sentence each) labeled "Essentials" that emphasize your manuscript's essential points or messages. Do NOT repeat your summary statement. Essentials will translate directly to visual abstracts. Please avoid using vague language and abbreviations in the Essentials. Obvious abbreviations like CT and MRI are fine.
- Required Summary Statement: 1 sentence summarizing the important findings of your manuscript (maximum: 30 words).

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Radiology In Training: Perspective

Radiology In Training: Perspective is an essay reflecting the opinion of the author, who is a resident or fellow in clinical radiology or imaging sciences. All proposed topics must be approved by the editor. Please send an outline or an extended abstract. At manuscript submission, the cover letter should state that the editor permission was obtained. Topic can encompass any issue specific to trainee experience in research, clinical practice, ethics, or health policy. Views expressed are not necessarily that of the journal. The first author must be the trainee. Additional authors, either trainees or a senior mentoring author are permissible with the approval of the Editorial Office.

- Word Count: 1200-1500 words
- Abstract: not required. Please place N/A in this field when submitting.
- Reference Limit: 5-10 (maximum)
- One summary graphic (table, chart, graph or image) is permitted and encouraged to adhere to the word limit.
- Summary Statement: 1 sentence summarizing the important essential point of the article (maximum: 30 words)
- Key Results: not required. Please place N/A in this field when submitting.

- Author Biography: 60-70 words (maximum) and author photo

The biography should include year in training, institutional affiliation and any relevant information such as research interests, awards, etc. Example as follows:

"Dr. Author is a 4th year and chief resident in the Department of Radiology at the City University Medical Center. She is the recipient of the RSNA Resident Scholar Grant to investigate diffusion weighted MRI. In the coming year, she will be a fellow in Abdominal Radiology at University Medical Center."

- A photo of the author should be included.

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Radiology In Training: Research in Practice

Radiology In Training: Research in Practice is a case-based review applying science reported in *Radiology* to a specific patient. Topic should reference research article(s) or consensus practice recommendations published in the journal within the past 3 years. Trainee and expert voice alternate. Trainee voice describes the patient presentation, imaging, subsequent evaluation and, if relevant, treatment. Expert voice frames the imaging issue addressed by the literature being reviewed, summarizes the published evidence and its application to the case under discussion. No new data or systematic analysis of the literature is presented. Content is delivered at the level of a general radiologist at the completion of training. One or, at most, two different cases are discussed. Authors are encouraged to email the Editorial Office at radiology@rsna.org to propose a topic so that the *Radiology In Training* editorial board can consider its suitability as a Research in Practice article.

- Word Count: <3000 words
- Abstract: <50 words
- Reference Limit: 80
- Figure Limit (images, charts, or graphs): 12
- Table Limit: 2
- Teaching Points: Three to five bullet points of information (each bullet <25 words, single sentence each) that emphasize your manuscript's essential message. Include the page number where the information can be found.
- Summary Statement: : A single sentence summarizing the educational takeaway of the review. (<30 words)
- Upon submission of an editor-approved review manuscript, the authors must submit an ICMJE COI form.
- A single trainee author and a single expert author should be designated as lead and senior authors respectively. Additional authors require approval by the editor which should be sought prior to manuscript submission.
- Author Biography and photo of designated trainee author and expert author: Each biography should be 60-70 words (maximum) include institutional affiliation and any relevant information such as research interests, awards, etc. The trainee author bio should include year of training. Example as follows:

Grant to investigate diffusion weighted MRI. In the coming year, she will be a fellow in Abdominal Radiology at University Medical Center."

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Getting Started with your Paper

Scientific Style Guide

The [Scientific Style Guide](#) is an accumulation of the mistakes and omissions observed over thousands of submissions to Radiology. While some parts of the Style Guide focus on our unique RSNA journal format, the majority is based on the AMA Manual of Style (<https://www.amamanualofstyle.com>) and will apply to any scientific paper. We strongly urge authors to browse the Style Guide for tips to help construct their submission.

Top 10 Tips for Writing Your Scientific Paper

For a list of the top 10 tips for authors who want to publish a research study in Radiology, see our editorial "[Top 10 Tips for Writing Your Scientific Paper: The Radiology Scientific Style Guide](#)"

How to Write the Perfect Abstract

The first impressions made by your abstract matter—a lot. It is the first document evaluated to determine whether your submission should be sent to external reviewers. But what makes an abstract great? Is a "perfect abstract" possible—in only 300 words?

For suggestions on how to make your abstract stand out, see our editorial "[How to Write the Perfect Abstract for Radiology.](#)" In this editorial, we start with a brief overview of the abstract format. We then expand on several characteristics of your study that can make your abstract stand out from the crowd.

Top 10 Tips for Writing Materials and Methods

For tips on writing Materials and Methods, see the editorial "[Top 10 Tips for Writing Materials and Methods in Radiology: A Brief Guide for Authors](#)"

Top 10 Tips for Writing about AI

For tips on writing about AI, see the editorial "[Top 10 Tips for Writing about AI in Radiology: A Brief Guide for Authors](#)"

Radiology: Behind the Scenes | Blog for Authors

The *Radiology*: Behind the Scenes [blog](#) offers advice and insights to help you prepare your work for publication. You'll find writing tips, formatting tricks, reflections on RSNA style, and more.

Author Resources

Research Best Practices and Ethics

The EQUATOR Network (<http://www.equator-network.org>) “works to improve the reliability and value of medical research literature by promoting transparent and accurate reporting of research studies.” Visit their [website](#) for a compendium of information on research best practices and publication ethics.

Statistical Analyses

For details of common statistical analyses performed by radiologists, please see our collection of *Radiology* articles on statistics and data analysis.

For a list of the top ten most common errors encountered in submission to the journal, see our editorial “Submissions to *Radiology*: Our Top 10 List of Statistical Errors” (*Radiology* 2009; **253:288–290**).

Clinical Trial Registration and Data Sharing

Please see [/page/policies#clinical](#) for clinical trial and data sharing requirements. For further explanation, see the following article: [/doi/10.1148/radiol.2021211967](https://doi.org/10.1148/radiol.2021211967).

Plagiarism

Radiology uses the word check program [iThenticate](#) to assess for potential overlap in prior publication. Be sure to appropriately reference any previously reported material by your own group and by other groups.

Radiology accepts manuscripts of original research only with the understanding that they are contributed solely to this journal; authors must attest that a manuscript on the same or similar material has not already been published by them, and has not been and will not be submitted to another journal by them or by colleagues at their institution before their work appears in *Radiology*.

Problematic manuscripts will be returned to the authors without peer review.

Protected Health Information (PHI)

Please see the [PHI section](#) under Figures below for more information on removing PHI from your manuscript.

English Language Editing Services

Prior to submission, authors who feel their manuscript would benefit from professional English language editing support are encouraged to seek out such services at their institutions, consult with colleagues/subject matter experts, or consider professional English language editing services.

Below is a list of service providers in English language editing. These can be used to help eliminate possible grammatical or spelling errors and to improve syntax and readability of the manuscript, particularly for authors for whom English is not their primary language.

responsibility for any of these vendors.

[American Journal Experts](#)
[Bioscience Editing Solutions](#)
[BioScience Writers](#)
[Charlesworth Author Services](#)
[Edanz Editing](#)
[Editage](#)
[Enago](#)
[International Science Editing](#)
[JournalEdit](#)
[ManuscriptEdit.com](#)
[ScienceDocs](#)
[Wordvice](#)

Track Your Published Research with *My Authored Works*

My Authored Works is a free personalized online reporting tool which allows you to track and share your articles after they have been published (note: login to the RSNA Journals website is required). Once logged in, you'll have access to the following helpful information:

- ***A comprehensive list of your published articles***
Each listing will be accompanied by links to the Abstract, PDF, and Full Text version of the article.
- ***Article metrics***
Check your article's total number of views, total number of citations (and a list of citations), and Altmetric Attention Score.
- ***A link to receive citation alerts***
Sign up to be notified anytime your article is cited in another publication.
- ***Number of complimentary downloads remaining***
Check to see how many complimentary downloads your article has left.

My Authored Works is always available to corresponding authors who have authored a paper in *Radiology* or in one of RSNA's other journals.

Learn more about how to use this tool [in our *Radiology Behind the Scenes* blog post here](#).

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Manuscript Preparation

Writing a Research Manuscript

Use of Previously Published Material

Provide appropriate attribution for the source of any previously published material. Even if this material is from publications in your own group, it must be quoted and referenced. Written permission from the publisher (and the author when applicable) is required to reproduce any previously published **figures** and tables. Any such material must be clearly noted and its source given in the manuscript. Please see [Rights and Permissions](#).

Manuscript Organization and Content

For your convenience, please use the [Manuscript Preparation Checklist](#) and [Scientific Style Guide](#) to ensure you have met all of our guidelines prior to submitting your paper. Any missing items may prevent your paper from being sent out for peer review.

Radiology manuscripts undergo scientific editing during the peer review stage. Learn more about our editing services [in our *Radiology: Behind The Scenes* blog post](#).

Submit separately:

- [Cover Letter](#)
- [Full Title Page](#)
- A point-by-point response letter (revisions only)
- [Checklist](#) (Original Research and Technical Development papers only)
- [Figures](#). For new submissions, figures should be combined into one Word document. This document should be uploaded separately from the main text document and figures should appear one per page, in the order they appear in the text, with figure legends immediately following the relevant figure. Multipart figures (figure 1a, 1b, etc.) should be combined and appear on the same page. For revisions, figures should be uploaded individually as TIF, EPS, AI, or PSD files, including each panel of a multipart image.
- [Acknowledgments](#)
- [Supplemental Materials](#)

Submit the manuscript file as a single document:

- [Abbreviated Title Page \(Anonymized\)](#)
- [Abstract](#)
- [Main Body](#)
- [References](#)
- [Figure Legends \(only, no figures\)](#)
- [Tables \(embedded, one per page\)](#)

Authorship

***Radiology* does not allow multiple corresponding authors. Each manuscript can only have two first authors and two senior authors. For articles with a large list of authors (e.g., >30), all authors names may not fit on the PDF version of the article.** In such cases, a group byline will be recommended with the individual names of each author listed at the end of the article. All authors names will still be individually indexed, displaced, and easily searchable in bibliographic records such as PubMed.

In instances of financial support of an author's study by industry, information should be included at the beginning of the Materials and Methods section of the text. Authors should indicate (a) the name of the industry providing support for the study, (b) the type of support (financial, provision of equipment or contrast agents, etc), and (c) that the authors had control of the data and information submitted for publication. For authors who are employees of or consultants to the industry providing

authors. Statements regarding control of data and information are also needed for any authors who are employees of or consultants to an industry whose products are being evaluated in the study, even if the industry did not support the study.

At the Editor's discretion, industry supported trials with solely industry authors may be accepted for publication if: 1) the protocol was clearly defined a priori and is available for review in a nationally recognized registry, such as clinicaltrials.gov; 2) anonymized original data are available for review at the Editor's discretion. Any other nonfinancial conflicts of interest should also be disclosed to the Editor, with the understanding that the information may be published if deemed appropriate by the Editor.

Please see our [Conflicts of Interest](#) policy for more information.

Text Formatting and Style

- Text should be submitted as Office 2010 (or later) Microsoft Word format.
- Double space all text with adequate margins and do not right justify.
- Use basic fonts such as Arial, Calibri, or Times New Roman at 11 points.
- Create special or mathematical characters and Greek letters using the symbol font.
- Embed equations where cited in text.
- **Do not number the pages of the manuscript.** They will be automatically numbered during the conversion to PDF format.
- Avoid laboratory slang and clinical jargon.
- Avoid self-evaluation of your work, for example, "novel," "unique," "ground-breaking."
- Consider your audience. Confirm your text is clear to a radiologist not in your specialty.
- Avoid self-references due to anonymized review: "In our prior study... (ref XX)"

Units/Abbreviations

- Use the International System of Units (SI) for radiation measurements and laboratory values. (See "SI Units in Radiation Protection and Measurements, NCRP report no. 82" [August 1985]; "Now Read This: The SI Units Are Here" [[JAMA 1986;255:2329-2339](#)]).
- Spell out abbreviations when first used in the abstract and text—for example, "cerebrospinal fluid (CSF)." Obvious abbreviations like MRI, CT, PET, US do not need to be spelled out.
- A maximum of 10 abbreviations are allowed. An abbreviation should only be used if the term appears at least five times in your manuscript.
- Avoid nonstandard terms or abbreviations.
- Define all abbreviations used in figures and tables in the legend.
- Do not use abbreviations in the Summary Statement, Key Results, abstract conclusion, and first and last paragraph of discussion.

Double-Anonymized

- The Abbreviated Title Page must be anonymized.
- **Do not self-identify your prior work.** For example, do not state "as we have previously described," [author's reference]. Instead, suitable language would be, "Prior studies have shown..." [reference].
- Do not mention the author(s)' institution or funding information in the manuscript.
- Anonymize the author(s)' initials if they are readers.

- Clinical trial names and registration numbers (e.g., NCT number on clinicaltrials.gov)
- Study name (“The MESA study...” “The ADVANCE registry...”)
- IRB numbers (Do not include your institution name.)
- Software names
- References – **No references should be deleted.**

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Cover Letter

Prepare a separate cover letter for your submission. Your cover letter should include:

- Title of the manuscript
- Complete author list
- For manuscripts with two first authors, submit a brief statement of explanation for why equal author contribution is warranted (REQUIRED).
- State whether or not the first author is a trainee, i.e. resident or fellow in diagnostic radiology, nuclear medicine or radiation oncology (REQUIRED for Original Research, Technical Developments, and Research Letters).
- Description of any subject overlap with previously published works (REQUIRED)
 - Your subject overlap statement should include prior published studies as well as work currently undergoing review or in press at a journal where subjects overlap with the current manuscript. Subject overlap means that the patients, animals, or experiments have been previously reported. Explain what is new and different about your current analysis. EXAMPLE:

“In a prior study, we reported on 50 patients included in the current study. The prior report evaluated tumor response. The current study expands on this by having a larger patient number and includes new analyses of survival.”
 - During the submission process, include PDFs of articles where the subject overlap occurred.
 - Please note that subject overlap should also be reported in the Materials and Methods section of your paper.
- Description of any conflict of interest or industry support of the project (REQUIRED)
- Confirmation of sole submission to *Radiology* (REQUIRED)
- Explanation of circumstances if authors are requesting fast-track and/or dual first authorship
- The RSNA provides social media coverage of journal articles. If you or any of your co-authors have Twitter or Facebook accounts, please provide those handles. Alternatively, you may provide social media handles used by your department or institution.

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Full Title Page

Prepare a separate Full Title Page for your submission. Your Full Title Page should include:

- The name and street address of the institution from which the work originated
- The telephone number, e-mail address, and complete address (name, street address, postal or zip code) of the corresponding author
- Any funding information
- Manuscript Type
- Word Count for Text
- Data sharing statement. See [/page/policies#clinical](#) for details.

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Abbreviated Title Page (Anonymized)

- Title of the manuscript (15 words) Include modality and disease. Be concise. If space allows, indicate study type (randomized clinical trial) and registry or clinical trial name (eg, MESA, DETERMINE)
- Article Type
- A summary statement (for Original Research and Technical Development papers) of no more than 30 words in boldface. This should be a single sentence that highlights the key finding in your study.
- Key Results, consisting of up to 3 main results/conclusions from your study (maximum: 75 words) including summary data. Do NOT repeat your summary statement. Key Results will translate directly to visual abstracts. Please avoid using vague language and abbreviations in the Key Results. Obvious abbreviations like CT and MRI are fine. Type "N/A" if your study has none.
- List of all abbreviations with spelled out words (no more than 10)

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Abstract

Structured Abstract: Original Research and Technical Developments

Original Research and Technical Developments manuscripts must include a structured abstract of **300 words or less** divided into five sections.

- Background: Include 1-2 sentences stating why your study was performed and/or why it is relevant.
- Purpose: In one to two sentences, succinctly state the study purpose.
- Materials and Methods: (1) Identify as prospective or retrospective; (2) Date range of study; (3) If animal, study, provide number and type of animals; (4) Describe various groups, including controls; (5) Describe procedures performed; (6) Specifics of evaluation should parallel the results portion of the abstract; (7) Include one sentence on statistical analyses
- Results: The first sentence should indicate the number, sex, and mean age \pm standard deviation or median age and interquartile range (whole numbers only) of the study participants enrolled. For example, if there are 100 patients of 60 men and 40 women, then write 100 patients (mean age, 47 years \pm 10 [standard deviation]; 60 men) were evaluated. Provide sex of the larger number of patients. Then, provide the findings in parallel with the

comparison values. Include confidence intervals when appropriate.

- Conclusion: Must derive directly from the results. Do not elaborate on the significance or other implications of your study. Must address the purpose of the study.

Unstructured Abstract: Review Articles

Unstructured abstracts of 100 to 200 words that summarize the content of the submission in a single paragraph. Do not include specific headings or sections. Follow instructions for each particular article type.

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Main Body

Original Research and Technical Development articles use the following headings: Introduction, Materials and Methods, Results, and Discussion. Authors may want to add subheadings to the Materials and Methods and Results sections for clarity purposes.

Introduction

No more than 400 words. Typically contains background information and references that inform the reader as to why the study was performed. No extensive literature review. Brevity and focus are important. In the final paragraph, state the hypothesis (for prospective studies only) and purpose. Your purpose should be essentially the same as in the abstract. Do not provide a hypothesis for retrospective studies, meta-analysis/systematic reviews, or technical development papers.

Materials and Methods

No more than 800 words. Include all items presented in the Results section.

The Materials and Methods section should include:

- A clear statement of whether the study is retrospective or prospective. If main prospective study did not include your study purpose in original design, you may classify as a secondary analysis of a prospective trial.
- For prospective studies, enrolled patients become participants. Refer to them as such.
- Date range of the study.
- Sample selection: Describe inclusion and exclusion criteria, consecutive or random selection.
- Indicate how sample size was derived.
- Number, training, and expertise of persons executing and reading the index tests. State the number of years of experience of those who performed readings or evaluations. For resident readings, indicate "in-training."
- Provide initials for any authors executing index tests or performing readings/evaluations. If those contributors are not authors, mention in **acknowledgments** but obtain written permission to do so.
- What was evaluated and how was evaluation performed? Mention anonymizing of data or images used in your analysis. Indicate if studies were read independently, if consensus agreements were used, and how disagreements were handled. Single observer studies are discouraged, as are "consensus" reads.

For prospective and retrospective studies using human subjects, address in the first paragraph (1) Institutional review board (IRB) approval and patient informed consent. State if consent was obtained; (2) HIPAA compliance for U.S. studies; (3) Clinical Trials Registry Number and Registry Name. Mention whether all or part of your patient population was previously reported with citation of the appropriate reference(s). At the editor's discretion, we may request a copy/ verification of IRB/ institutional review approval of your study prior to acceptance.

For animal experiments, provide a statement of approval by the institutional animal care committee or appropriate substitute (see the [Human and Animal Studies](#) section). If the portion of the animals was previously reported, please indicated the reference.

Describe clearly the number (if animals) and selection of the subjects studied (patients or experimental animals, including controls). Identify any utilized instruments or drugs (including contrast) with trade names, manufacturer's name in parentheses. Describe procedures in sufficient detail to allow others to reproduce the study. It is essential to explain the manner in which studies were evaluated: independent readings, anonymized or unanonymized to other information, time sequencing between readings of several studies of the same subject to eliminate recall bias, random ordering of studies.

Give references to established methods, including statistical methods that have been published but are not well known; describe new or substantially modified methods and give reasons for using these techniques.

Last Paragraph: State the statistical methods used to analyze the data. Mention the statistical software used, along with version and manufacturer's name. State the p-value used for significance. If statistical analyst is an author, then provide initials. **A statement of justification of sample size and/ or power calculation is strongly recommended.**

Radiology recommends that authors seek statistical consultation before planning a study to ensure appropriate enrollment and collection of data and the use of statistical tools. Similarly, discuss studies relating to cost analysis or cost-effectiveness with individuals knowledgeable in these techniques. *Radiology* reserves the right to have the raw data recalculated by our consultants, as needed. Background information on statistical analyses may be included in the [Supplemental Materials](#) when it is essential for understanding the study.

Results

No more than 1000 words. The first paragraph should summarize the demographics of your study sample. At a minimum, indicate number of patients/participants, mean age \pm standard deviation or median age and interquartile range, and number of men vs women. For manuscripts with human study participants, include a table of demographics/characteristics. This should be Table 1 of your paper. The first paragraph of Results should summarize and cite the table 1 demographics. Also, document the number of participants excluded for each exclusion criteria described in methods. Include a flow diagram as Figure 1 and cite in the Results, showing initial number of participants and those excluded for any reason.

Present the results in logical sequence in the text, along with tables and illustrations. Summarize important observations with reference to appropriate tables and figures. Give results for all items

State the statistical significance of the findings. Report the results of the statistical analyses for all variables collected and analyzed, not just for those which exhibited statistical or near statistical significance. Avoid hedge terms such as “trend” or “marginal” for results that are not statistically significant.

Provide numerators and denominators for all percentages, including sensitivity, specificity, accuracy, positive predictive value, and negative predictive value. Regression coefficients or mean values of compared groups must be given along with p-values.

P-values should be expressed to 2 digits to the right of the decimal point (regardless of whether the p-value is significant) unless $p < .01$ in which case the p-value should be expressed to 3 digits to the right of the decimal point. The exception to this rule is when rounding p from 3 digits to 2 digits would result in p appearing non-significant (such as $p = .046$). Give exact p-value unless $< .001$. The smallest p-value that should be expressed is $< .001$. The largest p-value is $> .99$.

Discussion

No more than 800 words. Do not repeat in detail the data given in the Results section. Do not cite tables or figures in the discussion. These should be introduced in the Materials and Methods and Results sections.

The first paragraph should briefly restate the problem that you studied and the primary results. Provide a succinct one paragraph summary of your entire study: briefly restate the background for your study and why it was done. Then state your major findings. Instead of providing general statements that something was generally better or superior, provide specific metrics (key results) and p-values that support your statements.

Include implications of the findings and their limitations, in particular with reference to the use of modified methods, statistical or otherwise. Relate the observations to other relevant studies. Link the conclusions with the goals of the study, but avoid unqualified statements and conclusions not supported completely by the data. Avoid claiming priority and alluding to or giving the results of ongoing investigations that have not been completed or that are not part of the study. State new hypotheses when warranted, but clearly label them as such.

The second to last paragraph of this section should address study limitations. The final paragraph should summarize your results and findings; if appropriate, offer what you think should be done in the future to advance your study.

Supplemental Materials

Present background information, mathematical derivations, and statistical analyses when essential for the understanding of the study. Include in the appropriate section of the text (for example, Materials and Methods, Results) a brief summary of the information contained in the Supplemental Materials and make reference to the Supplemental Materials.

If the Supplemental Materials include a multimedia file, upload it separately. *Radiology* encourages authors to post raw data/spreadsheets online. Please be sure your data is anonymized. Your Supplemental Materials will not be copyedited. Please read carefully for typos and grammar.

Acknowledgments

In paragraph format, acknowledge those who have contributed substantially to the work reported in the manuscript but who have not fulfilled the ICMJE requirements for authorship (see [Authorship](#)). Indicate in your acknowledgment paragraph how they contributed. Use full names and include degree credentials.

Those acknowledged must submit written permission to be cited, and permission denotes their agreement with the data and conclusions of the study. Acknowledgment forms and [permission forms](#) must be uploaded in a separate file.

References

Number references consecutively in the order in which they are first mentioned in the manuscript.

Verify reference order at the time of revision.

The abbreviations used for periodicals cited in the references should follow the style of the [National Library of Medicine](#).

It is the responsibility of the author(s) to ensure the accuracy of all references.

For *Radiology* Online: The hyperlinks to the referenced articles will not function unless the bibliographic information matches.

RSNA assigns a unique digital object identifier (DOI) to every article it publishes. The DOI initiative is an international effort for electronic content identification and is guided by the International DOI Foundation, composed primarily of academic publishers and societies. The DOI appears on the title page of the article. It is assigned after the article has been accepted for publication and persists throughout the lifetime of the article. It is important to include the article's DOI in the reference, as volume and page information is not always available for articles published online.

References to Unpublished Materials

Do not list unpublished materials in the references. For articles that have been accepted for publication but not yet published, include "(in press)" after the journal name.

Describe the sources of unpublished information within the main text.

Obtain and submit written permission from the source for all such citations.

Print article

Citation format:

1. Tyler LN, Harville TO, Blackall DP, Callegari PE, Keenan GF, Elliott M. Multiple alloantibodies after transfusion in an infant treated with infliximab. *N Engl J Med* 2007;357:2092-2093. doi: 10.1056/NEJMc070741

Online article

1. Wilson CR, Sherritt L, Gates E, Knight JR. Are clinical impressions of adolescent substance use accurate? *Pediatrics* 2004;114:e536-e540. doi: 10.1542/peds.2004-0098. Published November 1, 2004. Accessed November 10, 2004.

Books

Provide the authors of a chapter, title of the chapter, editor(s), title of the book, edition, city and state, publisher, year, and specific pages. Include the complete page numbers for the citation (for example, 1537-1544 rather than 1537-44).

1. Brown M, Gray L. Indications for hematology. In: Wintrobe MM, ed. *Clinical hematology*. 3rd ed. Philadelphia, Pa: Lea & Febiger, 1975; 1146-1167.

Web content

Provide the author(s) (if any); title of the page or content; name or owner of the Web site; URL; and publication, update, and access dates.

1. Integrating the Healthcare Enterprise: connectathon results. Radiological Society of North America Web site. <http://www.rsna.org/IHE/connectathon.shtml>. Published January 10, 2003. Updated May 1, 2003. Accessed December 13, 2003.

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Tables

- Prepare tables in Microsoft Word and attach them to the end of the text document.
- Each table should be on a separate page and have a short, descriptive title.
- Each table should be limited to no more than 40 rows and 6-8 columns.
- Number each table in Arabic numerals.
- Each table should be cited in numeric order in the main text.
- When indicating values such as sensitivity, specificity, provide these as X/Y (%); give the numerator and denominator.
- Supply information on statistical variability when applicable. (For example, provide standard deviations for mean values or confidence intervals etc as appropriate.)
- Tables must be understandable by themselves without reference to the results section.
- Do not use the merged cell feature of Word. Use subheadings instead.
- Every column must have a heading.
- Each column must follow the same heading all the way down.
- Each row must follow the same heading all the way across.
- Tables must have more than one row. If there is no need for more than one row in a table, the information in that table should instead be incorporated into the text.
- The same data should be presented consistently (eg, to the same number of significant digits) throughout the abstract, text, tables, figures, and supplements.
- Each item of data should be contained within its own cell.
- Use rows for independent (x) variables; use columns for dependent (y) variables.
- **All abbreviations used in tables need to be defined in the footnotes of each table.**

“Stub column”: Data in all subsequent columns should refer back to this first column

Table 3: Agreement Statistics across Four BI-RADS Categories in Test, Blinded Reader Consensus, and Clinical Implementation Settings

Setting and Comparison	Linear Weighted κ Value	No. of Mammograms
Test set (DL model vs original interpreting radiologist)	0.67 (0.66, 0.68)	8677
Reader consensus		
DL model vs original interpreting radiologist	0.62 (0.57, 0.67)	500
Reader consensus vs original interpreting radiologist	0.63 (0.58, 0.69)	500
DL model vs reader consensus	0.78 (0.73, 0.82)	500
Clinical implementation (DL model vs final radiologist assessment)	0.85 (0.84, 0.86)	10763

Note.—Data in parentheses are 95% confidence intervals. DL = deep learning. BI-RADS = Breast Imaging Reporting and Data System.

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Figure Legends

- For new submissions, figure legends should appear directly after the relevant figure in the combined figure text document. For revised manuscripts, all figure legends should appear collectively at the end of the main document.
- Include appropriate figure legends for all figures, including drawings and graphs.
- All abbreviations used in figures and figure legends need to be defined in the figure legend.
- Do not duplicate text material.
- For images of human subjects, the legend must include the age, sex, and clinical history/disease of the patient, if relevant to the figure.
- For studies on animals, the legend must include the type of animal (and age, weight, and/or diagnosis, if appropriate).
- The legend must describe all labels placed on an illustration.
- The legend must include the type of image, its plane, whether or not contrast material was used, the pulse sequence information for MR images (in general, full details of the MR sequences should be given in the methods not in the legend), and the features to be observed by the reader.
- For photomicrographs, include the stain and original magnification.
- Use scale markers where appropriate.
- For drawings and graphs, the legend must state the important points to be observed.

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Figures

For Original Submissions

- For new submissions, figures should be combined into one Word document in the order they appear in the text, with figure legends immediately following the relevant figure.
- Crop figures to area of interest. Allow enough surrounding area for assessment of pertinent anatomic information (for example, to illustrate a cavity at the right lung apex, show only that

each figure.

- Multipart figures should be combined to appear on the same page.
- Label all features described in the figure legend. Use different labels for each feature.
- Exclude patient and subject identifying information
- Use same magnification for multiple images of a given type (for example, CT, MR, US) or view (posteroanterior and lateral). Use the tonal relations of the original radiograph (such as bones white on a dark background, with the patient's right to the observer's left; for CT scans and MR images employ the "view from below").
- Limit to required figures showing essential features described in the manuscript. Do not include redundant or excessive figures.
- Include separate figures for individual patients. Figure legends should include age, sex, clinical history/disease, imaging modality, plane, and other relevant details such as whether contrast was used or not.

Example: Image in a 65-year-old man with coronavirus disease 2019 (COVID-19) pneumonia admitted to intensive care unit. Unenhanced axial chest CT image shows bilateral patchy ground-glass opacities (arrows) with random distribution and peripheral bandlike consolidation in the right lower lobe (arrowhead), with visual quantification of the well-aerated lung of 35%. (Adapted from [/doi/10.1148/radiol.2020201433](https://doi.org/10.1148/radiol.2020201433))

- Enhancements: if a figure has been enhanced electronically, explain the alterations made and **send an original image** along with the enhanced one.
- Additional figures may be submitted as supplemental material. **See Supplemental Material**
- *Radiology* discourages the use of previously published figures unless absolutely essential as the publisher may require you to pay a fee and may not provide permission for electronic publication in the online version of *Radiology*.
- Figure arrays are done by RSNA professional artists' service, provided to *Radiology* authors without charge.
- View the short video tutorials below: (1) How to Save Images off of PACS (selecting key images, removing annotation, saving image as a TIF file) and (2) How to Prepare Your Images in Photoshop (cropping the image, adjusting contrast and brightness, adjusting size and resolution, adding arrows)

How to Save Images off of PACS



Topics: Selecting key images, removing annotation, saving image as a TIF file

How to Prepare Your Images in Photoshop

Figures in Photoshop



Topics: cropping the image, adjusting contrast and brightness, adjusting size and resolution, adding arrows

Collages

- *Radiology* accepts figures grouped as a collage if the relationship requires arrows/tags to convey meaning.
- For original submissions, combine parts so they appear on one page for review.
- For revised submissions, upload each part separately, with the following parameters:
 - Use Photoshop and keep all layers when creating the TIF file.

- Labels: san-serif font, such as Arial, bold, point size 12 or larger.

For Revised Manuscripts

For revisions, figures should be uploaded individually, not in a combined document. Number and label figures consecutively in the order in which they are cited in the manuscript. Ensure that the file name contains the figure number. (e.g., Figure 1.tif; Figure 2a.tif, Figure 3.eps) When uploading image files into Manuscript Central/ScholarOne, please insert the figure legend into the caption box. Begin each caption with the word "Figure" followed by the figure number and figure part, if applicable. (e.g., Figure 1, Figure 2a). If figures are multi-part, submit each figure part as a separate figure file and enter a separate legend/citation for each part (eg, Figure 1, Figure 2A, Figure 2B).

Photographic/halftone image scans (grayscale or color):

- Formats: PSD (Photoshop), TIF, AI, and EPS, unflattened vector files. PNG files are not accepted.
- Resolution: 300 dpi
- Size: minimum of 3 inches to a maximum of 7 inches.
- Labels/arrows: professional quality placed on a separate layer of the image file (do not merge or flatten), and must touch edge of the feature being labeled (do not use equilateral triangles for arrowheads).
- Do *not* send as Word or PowerPoint document. If so, pixel resolution will be lost.

Graphs/Illustrations:

Graphs, illustrations, and drawings rendered in professional graphics programs should be submitted in Photoshop (.psd), TIFF (.tif), Powerpoint (.ppt), AI (.ai), or encapsulated Postscript (.eps) format at 1200 dpi. Layers should be retained (do not "flatten" the image), and image should not be upsampled. If the graph or illustration was created in Excel or Word, we recommend that you submit the original file in the native format, which can be rendered as high-resolution images by RSNA.

Using Color in Images

While RSNA encourages the use of color keys in your images, graphs, and illustrations please use the following [Colorblindness Accessibility Guide](#) (PDF) to choose a color palette when possible. The color palettes should be considered when using color to differentiate data in graphs, or when several colored keys are used in an image. Radiologic/pathologic images do not need to be altered. You can also place your images in the [Color Blindness Simulator \(Coblis\)](#) to see if your colors will be easily discernable. Refer to our [our Radiology Behind the Scenes blog post](#) for more information on the use of color in figures.

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Protected Health Information (PHI)

In all instances, patient confidentiality must be protected. No patient names, hospital ID numbers, or any other information that allows the patient to be identified should appear in images or illustrations, including in the original image file names. Crop all images to remove identifying information prior to importing them into your manuscript or presentation.

to obscure PHI, image layers must be “flattened” to remove the information from the image metadata. Images should be cropped prior to inserting into PowerPoint presentations. Images cropped within PowerPoint should be flattened with the Compress Pictures tool. For more help, see these [step-by-step instructions](#) (PDF).

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Checklist (STARD, CONSORT, PRISMA, or STROBE)

Upon initial submission of Original Research and Technical Development papers that involve human subjects, you will be required to choose the checklist that is applicable to your study from the list below. Checklists are not required for animal studies. It may be that not all checklist items are appropriate for a study, in which case you should mark the item “not applicable.” Note: Your paper will be sent back if this checklist is not included upon first submission.

1. For studies dealing with diagnostic accuracy, use the Standards for Reporting of Diagnostic Accuracy (**STARD**) (*Radiology* 2015; doi:10.1148/radiol.2015151516), as well as the presentation from the RSNA 2015 Annual Meeting [Understanding and Using the STARD and PRISMA Guidelines](#) (PDF).

[Get the STARD Checklist](#) » (Word)

2. For randomized controlled trials, use the **CONSORT** (Consolidated Standards of Reporting Trials) statement (*BMJ* 2010; 340).

[Get the CONSORT Checklist](#) » (Word)

3. For systemic reviews and meta-analyses of diagnostic test accuracy studies, follow the PRISMA-DTA (Preferred Reporting Items for Systematic Reviews-Diagnostic Test Accuracy) guidelines ([doi/10.1148/radiol.2018180850](#)).

[Get the PRISMA Checklist](#) » (Word)

4. For observational studies, such as cohort, case-control, or cross-sectional studies, use the Strengthening the Reporting of Observational Studies in Epidemiology (**STROBE**) guidelines. For further explanation and elaboration, please see the following article: [https://www.journal-surgery.net/article/S1743-9191\(14\)00213-1/pdf](https://www.journal-surgery.net/article/S1743-9191(14)00213-1/pdf)

[Get the STROBE Checklist](#) » (Word)

Use of checklists allows authors to describe their work more effectively, aiding the detailed scientific review of their work and its key results and implications for future biomedical research. This critical evaluation also aids authors in the discussion of the limitations and biases inherent in their study. (*Radiology* 2016;278:6–10)

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Supplemental Material

Authors may provide supplemental material to give readers additional information about the work. This material can include (1) multimedia (such as animation, dynamic image sets [movies], audio); (2) large numbers of relevant images whose number would exceed the limits of the article PDF; (3) relevant data in the form of tables or text that could not be accommodated in the article PDF; (4) interactive materials such as Java applets and other programs for expanding browser capabilities and interactivity in areas such as image display and computer-assisted instruction; (5) algorithms; (6) Jupyter notebooks; and (7) annotated image sets.

To be considered for publication, supplemental material must be submitted electronically through our **manuscript submission system** along with the main article. Supplemental text, tables, and figures (with legends) should be compiled in one Word document, separate from the main body manuscript file, and uploaded as a "Supplemental File for Review." Movies and audio should be uploaded separately and labeled as "Multimedia." Permission letters required for any of the supplemental material must also be uploaded.

Supplemental Material is not copyedited. Authors are responsible for the accuracy and presentation of the content.

Preparation of Supplemental Material

Text

Text should be submitted in Word included together with any supplemental tables and figures, and uploaded as a "Supplemental File for Review."

Images

Figures and legends should be submitted in Word, included together with any supplemental text and tables, and uploaded as a "Supplemental File for Review."

Movies

Movie files and animations will be accepted in the widely implemented standard formats MPEG (.mpg, .mpeg), QuickTime (.mov), AVI (.avi), Windows Media Video (.wmv). Submission in mp4 format would be best, as all movies are converted to those formats so that they will play on mobile devices. GIF animations are also acceptable in some cases. Audio should be provided as an mp3 file.

File compression and/or dimension limits should be used on movies to keep them at a reasonable size (less than 30 MB) unless there is a compelling reason for larger files.

Each movie requires a legend, and the movie and legend text should be part of the submission.

Equations

Mathematical equations and expressions can be submitted as images, as math objects, or as simple text, if possible.

Tables

Tables should be submitted in Word, included together with any supplemental text and figures, and uploaded as a "Supplemental File for Review."

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All manuscripts and letters must be submitted online through the *Radiology* online submission and peer-review website hosted by ScholarOne at <https://mc.manuscriptcentral.com/rad>.

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At the Welcome screen, click on Corresponding Author Center to bring you to the Corresponding Author Dashboard.

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****For new submissions, all figures should be combined in one separate Word document in the order they appear in the text, with figure legends immediately following relevant figures. Multipart figures (figure 1a, 1b, etc.) should be combined and appear on the same page.**

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The Author Contribution form, in which authors identify the manuscript contributions for which they are responsible, is sent automatically by e-mail immediately after manuscript submission. Contact the *Radiology* Editorial Office (radiology@rsna.org) with any questions.

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If you wish to submit a revision of your manuscript, click on the Create a Revision link in the Manuscripts with Decisions list. This will create a new manuscript record with the same manuscript ID but with .R1 or .R2 appended at the end.

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Authors will be asked to complete an ICMJE conflict of interest disclosure form before the final acceptance of the manuscript.

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Revised Manuscript: What to Submit

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The annotated copy should have highlights on the changes (either by using Track Changes function in Microsoft Word or by highlighting or underlining text) with notes in the text referring to the Editor or reviewer query (for example, highlighted text [R2.2] would be the second comment from reviewer 2, and highlighted text [E1.4] would be the fourth comment from the Editor). Be sure when you upload your annotated version that the changes are clearly visible on the PDF file prior to resubmission.

The annotated version of your manuscript will be sent to reviewers should your manuscript be sent for re-review. **It should be anonymized. Failure to do so may cause reviewers to know your identity.** Anonymize any identifying information such as author names, titles, initials, and institutions. Also, If citing your work, avoid the first person (we previously demonstrated). Instead, use the third person (Smith et al have demonstrated). Instructions on changing your displayed name in comments and tracked changes can be found [on the Microsoft Support site](#). Change the name you display to Author. Do not use your real name.

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Point-by-Point Response letter

A point-by-point response letter is required specifying how each of the Editor and reviewer comments have been addressed.

At the time of initial submission, authors are asked to attest that a manuscript on the same or similar material has not already been published by them or has not been or will not be submitted to another journal by them or by colleagues at their institution before their work appears in *Radiology*. At the time of submitting a revision, questions regarding overlapping content are again asked. The submission by authors of similar material to advertising, news media, or other forms of publication must be indicated at the time *Radiology* receives the revised manuscript, and a copy of that material should be provided with the submission.

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Radiology is soliciting practice-changing image-related manuscripts that have undergone peer review by highly regarded medical/science journals (such as *NEJM*, *JAMA*, *Lancet*, *Nature*, *Science*) but were not accepted for publication. These image-focused papers may be better suited for a medical imaging journal such as *Radiology*. We are particularly interested in clinical trials and registries. We offer a new pathway for selected manuscripts to undergo accelerated review and decision. The editorial board will take into consideration the prior peer reviews.

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2. A copy of the decision letter issued by the prior journal.
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